

Green Light PBS Limited

Pendragon

Inspection report

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Date of inspection visit:
09 July 2022

Date of publication:
21 July 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Pendragon is a residential care home providing personal care to up to one person who has a learning disability and autistic people. At the time of our inspection there was one person using the service. The service is part of the Green Light group which run several similar services throughout Cornwall, for autistic people.

The service is situated in Newquay with access to the local community. Pendragon is a terraced house with its own garden. It opened in November 2021 to support this person and this is the first inspection of the service.

People's experience of using this service and what we found

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting underpinning principles of "Right Support, Right Care, Right Culture.

Right support

The model of care and setting maximised the person's choice, control and independence. The service was in Newquay and there was good access to the local community and amenities.

The service was staffed by a small staff team who know the person well. Staff supported the person to make choices about their daily lives and engage in activities, that were tailored to their individual needs and promoted their independence. The person was supported to maintain and develop relationships

The person was supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were recruited safely. The staff team had the appropriate levels of knowledge and skills to support the person and responded to their individual needs and choices. Staff were supported by a system of induction, training, supervisions, appraisals and staff meetings.

People received their medicines in a safe way and were protected from abuse and neglect. The persons care plans and risk assessments were clear and up to date.

Right care:

The person received good quality person-centred care that promoted their dignity, privacy and human rights. Staff were observed talking to the person in dignified and respectful way.

There was a strong person-centred culture within the staff team. Positive behaviour support plans had been developed for the person, to help staff understand the reasons for their behaviour, and provide guidance to ensure consistent approaches were used when supporting them. Staff knew the person well and demonstrated an understanding of their individual care, behavioural and communication needs. This helped ensure the person's views were heard and their diverse needs met.

Right culture:

The ethos, values, and attitudes of management and care staff ensured the person led confident, inclusive and empowered life. Staff created an environment that inspired the person to understand and achieve their goals and ambitions.

The person led a life that reflected their personality and preferences because of the ethos, values, attitudes and behaviours of the management and staff.

The person's relative and staff told us management were approachable and they listened to them when they had any concerns or ideas. All feedback was used to make continuous improvements to the service.

Cleaning and infection control procedures had been updated in line with COVID-19 guidance to help protect people, visitors and staff from the risk of infection. Government guidance about COVID-19 testing for people, staff and visitors was being followed.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 12 July 2019 and this is the first inspection.

Why we inspected

We undertook this inspection to assess that the service is applying the principles of right support right care right culture.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We will continue to monitor information we receive about the service, which will help inform when we next inspect. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Pendragon

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector

Pendragon is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us. We needed to make sure relevant staff were available and records were accessible.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well

and improvements they plan to make. We reviewed information we had received about the service since their registration. We used all of this information to plan our inspection.

During the inspection

We met the person living at the service. The person was not able to fully share their experience of living at Pendragon, therefore we spent time observing staff with the person and talking with staff about how they supported the person. We spoke with the registered manager and two staff members who were present during the inspection visit. We spoke with the behavioural analyst who supports the service.

We reviewed the person's care and medication records. We looked at staff records in relation to recruitment, training and supervision. We also looked at a variety of records relating to the management of the service and quality monitoring systems.

We spoke with one relative about their experience of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. We have rated this key question good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk from abuse

- Relatives told us they felt the person was safe at the service.
- The provider had effective safeguarding systems in place and all staff had a good understanding of what to do to help ensure people were protected from the risk of harm. Safeguarding processes and concerns were discussed at regular staff meetings.
- Staff received training and were able to tell us what safeguarding, and whistleblowing was. Staff knew how to whistle-blow and how to raise concerns outside of the provider. Whistleblowing is the process of speaking out about poor practice.
- The service supported the person to manage some aspects of their finances. We checked the monies for the person in the service and this tallied with finance records.

Assessing risk, safety monitoring and management

- Staff knew the person well and were aware of the persons risks and how to keep them safe.
- The person had detailed risk assessments and associated support plans. These had been reviewed and changes were recorded to ensure the plans reflected their current needs. These included information about risks associated with the person managing their emotions and behaviour, personal care, eating and drinking, medicines and doing things they enjoyed in their community.
- Risks were managed in a way that did not restrict the person's freedom and right to independence.
- The person was supported to try new experiences while any related risks were identified, and action taken to help reduce the risks.
- The service worked closely with their behavioural team and other health and social care professionals in order to adapt and change the way the person was supported if issues arose.
- Emergency plans were in place outlining the support the person would need to evacuate the building in an emergency. Equipment and utilities were regularly checked to ensure they were safe to use.

Staffing and recruitment

- Relatives told us they felt that there were sufficient staff on duty and were assured regular staff supported the person and so knew the person well.
- The service did not use agency staff. The registered manager oversaw two care services. If there was staff absence, and it could not be covered by their existing staff, then the staff from their other service would come and provide support. This meant the person always received care and support from staff they knew and trusted.
- Rotas confirmed that sufficient staff were on duty at all times to meet people's current needs. Staff told us

there were sufficient staff on duty.

- An ongoing recruitment campaign was in place.
- The provider had satisfactory recruitment practices and staff records confirmed appropriate checks were undertaken before they supported the person in the service.

Using medicines safely

- Medicines were managed safely to ensure the person received them in accordance with their health needs and the prescriber's instructions. Staff were trained in medicines management and had regular competency checks to ensure ongoing safe practice.
- There were suitable arrangements for ordering, receiving, storing and disposal of medicines.
- When medicines were prescribed to be given 'when required' we saw that person-centred protocols had been written to guide staff when it would be appropriate to give these medicines.
- Staff completed a daily count of all medicines to provide oversight of medicines management. This would identify if there were any issues with the medicines quickly and helped ensure action would be taken to resolve any queries.
- Medicines audits were completed on a regular basis. Where there were medicine errors, these were investigated to minimise risk of reoccurrence.

Preventing and controlling infection including the cleanliness of premises

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for the person using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider was facilitating visits for the person living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted. The staff team discussed accidents/incidents as learning opportunities and the patterns of events were closely monitored by the behaviour analyst team as part of people's Positive Behaviour Support (PBS) plans.
- Appropriate action was taken following any accidents and incidents to minimise the risk of adverse events reoccurring.
- Learning and any improvements from accidents, incidents and safeguarding concerns were shared with staff in team and handover meetings.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection of this newly registered service. We have rated this key question good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The person's needs were assessed prior to their admission to the service, so managers could confirm they were able to meet the individual's needs safely and effectively.
- The person and their family, together with reports from health professionals contributed to the assessment, which included their presenting needs and the person's preferences and routines.
- The person along with their family and relevant health and social care professionals were involved in the development of a 'transition programme'. Some of the staff who supported the person in their previous home transferred to support the person in their new home. This meant the person was supported by some staff who knew them well. This enabled the person to move to the service in a planned manner to help ensure their needs were understood and could be met.
- Despite the challenges posed by the COVID-19 pandemic, the service had continued to complete the pre-admission assessments to ensure people's safe admission to the service.

Staff support, training, skills and experience

- Staff new to the care sector were supported to complete induction training in accordance with current good practice. New staff shadowed experienced staff until they felt confident and their competence was assessed before they started to provide support independently. Staff told us they felt very supported during their induction. '
- Training provided staff with the skills and knowledge they needed to meet the person's needs. For example, staff attended Makaton training, a communication technique so that they could communicate in a meaningful way with the person.
- Staff were provided with opportunities to discuss their individual work and development needs. Staff meetings and one to one meetings were held to enable staff to raise any issues and share ideas. Staff told us they were well supported by management: "We are well supported, we have supervision and lots of training."

Supporting people to eat and drink enough to maintain a balanced diet

- The person, with staff support planned their own menu and went food shopping. Staff knew the person's food likes/dislikes, and these were catered for.
- The person was encouraged to eat a varied and healthy diet and their nutritional needs were being met.
- Drinks were available to prevent dehydration and were monitored to ensure that the person had sufficient fluid and food intake.
- The person's weight was regularly checked to ensure that their health needs were monitored.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- The person was supported to attend regular health appointments, including their GP, dental examinations and vision checks.
- The person's health conditions were well managed. Staff were proactive in making timely referrals to health professionals when they had concerns around the person's health and well-being. Care records were updated to reflect any professional advice given and guidance was available for staff through shift handovers.

Adapting service, design, decoration to meet people's needs

- The person was involved in choosing the colour scheme and furnishings of their home. The home was personalised and reflected the personality of the person.
- The provider had ensured that the service met the person's needs to enable them to be as independent as possible in a safe environment. For example, banister rails had been extended to prevent falls on the staircase. This demonstrated that the home was bespoke and built around the person's individual needs.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Capacity assessments were completed to assess if the person was able to make specific decisions independently.
- When a person lacked capacity, staff understood the importance of ensuring DoLS applications had been made appropriately. Any restrictive practices were regularly reviewed to ensure they remained the least restrictive option and were proportionate and necessary. We found no evidence of inappropriate restrictive practices in relation to taking a punitive approach to managing distressed behaviours.
- Staff had received specific training which had led to staff understanding the requirements of the Mental Capacity Act 2005.
- Staff worked within the principles of the MCA and sought the person's consent before providing them with personal care and assistance.
- Staff supported people to be as independent as possible with making decisions about their care and support. Systems within the service helped ensure decisions, made on people's behalf, would be in a person's best interest.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection of this newly registered service. We have rated this key question good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Relatives spoke positively about the support and care their family member received. They commented, "It's going great. I can't ask for more" and "I just turn up, I don't tell them I'm coming, and it's always ok."
- There was a relaxed atmosphere at the service and staff provided friendly and compassionate support. The person had built caring and trusting relationships with staff. We observed the person was confident requesting help from staff who responded promptly to their needs.
- The way staff spoke about the person they supported showed they genuinely cared for them. For example, all staff wanted to work on the person's birthday so that they could celebrate with the person.
- Staff talked about the person's wellbeing and were focused on providing the right support to improve their lives. For example, staff were aware that a love of films was important to the person and chose to purchase and wear particular film t-shirts to further develop positive relationships and aid communication with the person.
- Staff respected the person's individuality and supported them in a non-discriminatory way. Staff had received training in equality and diversity and knew how to support the person in a way that took account of their abilities and lifestyle choices.

Supporting people to express their views and be involved in making decisions about their care

- The person was involved in decisions about what to do throughout the day. The person planned with staff each day what they were going to do, be it an activity in the home or in the community.
- Where any daily routines had been developed, these were in place to meet the person's needs and wishes, rather than to benefit staff.
- Staff listened to the person's views and ensured these were respected. The person was unable to share their opinions verbally and different methods of communication had been developed to understand and communicate effectively.
- Staff supported the person to keep in touch with their family. The service had opened for visitors following guidance for infection control due to the COVID-19 pandemic. The service had also utilised other ways of keeping in contact with family and friends by using technology, supporting the person to visit relatives in the community or in their relatives' home and providing updates to relatives from the registered manager.

Respecting and promoting people's privacy, dignity and independence

- Treating people with privacy and dignity was embedded in the culture of the service. Staff were skilled at identifying when the person was becoming distressed or feeling anxious. They consistently followed

guidance in place to help the person feel calm and reassured.

- The values of the service were based on enabling the person to live as fulfilling life as possible and achieve the best possible outcomes.
- The person was supported to maintain and develop relationships with those close to them. Relatives were updated about the person's wellbeing and progress by monthly reports and regular phone calls.
- The person's right to privacy and confidentiality was respected. Confidential information was kept securely.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection of this newly registered service. We have rated this key question good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care

- Staff had a good understanding of the person's individual needs and provided personalised care.
- The person's care plan provided staff with detailed information about their abilities, the risks they faced and how they should be supported in line with their preferences. These were reviewed monthly or as their needs changed. Meetings were held to review the person's care and identify future goals.
- Staff were clear that the care plans were up to date and that they reflected the care and support the person received.
- The service used an electronic application to record the person's care plan, their risk assessments and the person's daily notes in 'real time'. Daily notes detailed what the person had done during the day and information about their physical and emotional well-being.
- Staff were positive about this electronic care plan application. This further supported staff to have current and updated information about the person's needs and how they spent their time. There was good communication within the staff team and staff shared information appropriately, about the person's needs, at shift handovers.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The person's communication needs were identified, and care plans contained information on how they communicated. This included reference to the type of communication the person may find difficult and how to support them. For example, some staff had attended Makaton, (a communication technique) and communication training to provide them with the skills needed. We saw staff communicate effectively with the person.
- The service had previously provided 'adapted' care plans which were presented in a pictorial as well as written format, to present information in a manner the person could understand. The registered manager said, with the new electronic care plan system, these could be produced separately, if and when the person wanted them.

Supporting people to develop and maintain relationships and to avoid social isolation; Support to follow interests and take part in activities that are socially and culturally relevant

- The person was supported to access activities within and outside the service. They had restarted some

activities following the lifting of lockdown restrictions. The person had photographs showing what activities they had been involved in and a record was kept of how they responded to the activity.

- Staff told us about some of the activities and a holiday that the person had participated in and how this had improved their confidence.
- The person was supported to maintain relationships that were important to them. Visitors were made welcome at the service and were supported by staff to go through procedures to ensure visiting was safe during the COVID-19 pandemic. The service also supported people to travel to their relative's homes to visit them there.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place which outlined how complaints would be responded to and the time scale.
- Relatives knew how to make complaints and told us they had no concerns.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection of this newly registered service. We have rated this key question good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered and deputy managers had oversight of two care home services. They were supported by a senior support worker and two support workers at Pendragon. The registered and deputy managers divided their time between the two services. The registered manager was on shift at least once a week and would speak or visit the service 'most days' to check with the person and staff how they were. This ensured an overview of the service.
- The registered manager had comprehensive oversight of the service. The registered manager had dedicated time to complete managerial tasks and felt that they were able to do this in the time allocated to them.
- The provider had a defined organisational management structure and there was regular oversight and input from senior management. An operations manager supported the registered manager.
- Staff were very motivated by and proud of the service. They told us they felt valued and were well supported.
- There were robust quality assurance and auditing systems in place designed to drive improvements in the service's performance. Where any issues were identified appropriate action was taken to ensure they were addressed, and the service's performance improved.
- The ethos of the service was to be open, transparent and honest. Staff were encouraged to raise any concerns in confidence through a whistleblowing policy. Staff said they were confident any concerns would be listened to and acted on promptly.
- Staff and the registered manager took an open and honest approach to the inspection process. They acted promptly on the feedback provided and supplied all information requested.
- The provider had notified CQC of any incidents in line with the regulations.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager had comprehensive oversight of the service and understood the needs of the person they supported. Staff demonstrated an understanding of the person's differences and individual preferences.
- We observed that staff had good relationships with the person they supported, and they were treated well. Staff were committed to providing the best possible care and support for the person and achieving positive outcomes for them.

- The culture within the service was open and centred on the person who used the service. The person and staff had easy access to the registered manager or other senior support staff when needed. A relative told us "I can't ask for more."
- Staff were complimentary about the leadership of the provider. Relatives felt the service was managed well.
- The provider's policies were regularly reviewed and updated to ensure they reflected best practice and the service's current procedures.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team understood their regulatory requirements and responsibilities. This included acting on the duty of candour when needed. The person and relatives were kept informed of any events or incidents that occurred with their family member.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff meetings were held regularly and were an opportunity to share ideas about how to develop and improve the person's experiences. Staff said they could talk to management at any time, feeling confident any concerns would be acted on promptly.
- The service regularly sought the views and opinions of the person using the service, their relatives, staff and professionals.
- Managers and staff had a good understanding of equality issues and valued and respected people's diversity. Staff requests for reasonable adjustments to their employment conditions had been looked on favourably by managers.

Continuous learning and improving care

- Managers attended regular organisational management meetings to support shared learning and share information about the organisation.
- Systems to gather and analyse the persons behaviour and anxiety levels were used effectively by managers. This meant when trends emerged changes could be made, to how support was provided, to help ensure the quality of the person's care continuously improved.
- The registered manager and provider were keen to ensure a culture of continuous learning and improvement and kept up to date with developments in practice through working with local health and social care professionals.

Working in partnership with others

- The service worked collaboratively with healthcare professionals and commissioners to ensure people's needs were met.
- Where changes in people's needs or conditions were identified, prompt and appropriate referrals for external professional support were made.